

**United States Bankruptcy Court  
Western District of Missouri**

In re Donisha Rochelle Rangle \_\_\_\_\_ Case No. 18-42519  
Debtor(s) Chapter 7

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: February 25, 2020

/s/ Donisha Rochelle Rangle  
**Donisha Rochelle Rangle**  
Signature of Debtor

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>0.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>0.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>13,863.70</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>13,863.70</u>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>17,991.82</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>17,991.82</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>34,821.97</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>34,821.97</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>26,995.82</u>
		<b>Your total liabilities</b> \$ <u>79,809.61</u>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>3,223.00</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>3,223.00</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>3,223.00</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>3,223.00</u>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Donisha Rochelle RangleCase number (if known) 18-42519

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>3,224.00</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>34,821.97</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>34,821.97</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1	Make: <u>GMC</u>
Model: <u>Terrain</u>	
Year: <u>2014</u>	
Approximate mileage: <u>98,000</u>	
Other information: <b>VIN: 2GKALMEK6E6375830</b>	

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

- Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$10,300.00

\$10,300.00

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$10,300.00

#### Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

Debtor 1 Donisha Rochelle RangleCase number (if known) 18-42519**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....**Bed and Patio Furniture**

\$300.00

**Living Room:** Couch \$400, Table \$200, Lamp \$50; **Dining Room:** Table \$200, Chairs \$75; **Kitchen:** Microwave \$50, Washing Machine \$50, Dryer \$50; **Bedroom #1:** Bed \$50, Chest of Drawers \$25, Mirror \$10; **Bedroom #2:** Bed \$200, Dresser \$25; **Garage:** Barbecue Grill \$25; **Other Rooms, Misc.:** Iron \$10.

\$1,420.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....**TV**

\$200.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Clothes**

\$300.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Misc. Costume Jewelry**

\$100.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No

Debtor 1 Donisha Rochelle RangleCase number (if known) 18-42519 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$2,320.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes.....
- Institution name:

17.1. **PrePaid Debit Card Walmart** **\$70.00**18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes.....
- Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....
- Name of entity: % of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them
- Issuer name:

21. **Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.
- Type of account: Institution name:

401(k) Optum 401(k) **\$716.70**22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes. ....
- Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes.....
- Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

Debtor 1 Donisha Rochelle Rangle

Case number (if known) 18-42519

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**\$457 monthly**

**Child Support**

**\$457.00**

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Debtor 1 Donisha Rochelle RangleCase number (if known) 18-42519 Yes. Describe each claim.....

## 35. Any financial assets you did not already list

 No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,243.70

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

## 37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5	\$10,300.00
57. Part 3: Total personal and household items, line 15	\$2,320.00
58. Part 4: Total financial assets, line 36	\$1,243.70
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$13,863.70
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$13,863.70

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<b>2014 GMC Terrain 98,000 miles VIN: 2GKALMEK6E6375830 Line from <i>Schedule A/B</i>: 3.1</b>	<b>\$10,300.00</b>	<input checked="" type="checkbox"/> <b>\$3,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>Bed and Patio Furniture Line from <i>Schedule A/B</i>: 6.1</b>	<b>\$300.00</b>	<input checked="" type="checkbox"/> <b>\$300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Living Room: Couch \$400, Table \$200, Lamp \$50; Dining Room: Table \$200, Chairs \$75; Kitchen: Microwave \$50, Washing Machine \$50, Dryer \$50; Bedroom #1: Bed \$50, Chest of Drawers \$25, Mirror \$10; Bedroom #2: Bed \$200, Dresser \$25; Garage: Barbecue Grill \$25 Line from <i>Schedule A/B</i>: 6.2</b>	<b>\$1,420.00</b>	<input checked="" type="checkbox"/> <b>\$1,420.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>TV Line from <i>Schedule A/B</i>: 7.1</b>	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>

Debtor 1	<b>Donisha Rochelle Rangle</b>	Case number (if known)	<b>18-42519</b>
Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own	Amount of the exemption you claim
		Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.
<b>Clothes</b> Line from <i>Schedule A/B:</i> <b>11.1</b>		<u>\$300.00</u>	<input checked="" type="checkbox"/> <b>\$300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
<b>Misc. Costume Jewelry</b> Line from <i>Schedule A/B:</i> <b>12.1</b>		<u>\$100.00</u>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
<b>PrePaid Debit Card: Walmart</b> Line from <i>Schedule A/B:</i> <b>17.1</b>		<u>\$70.00</u>	<input checked="" type="checkbox"/> <b>\$70.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
<b>401(k): Optum 401(k)</b> Line from <i>Schedule A/B:</i> <b>21.1</b>		<u>\$716.70</u>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
<b>Child Support: \$457 monthly</b> Line from <i>Schedule A/B:</i> <b>29.1</b>		<u>\$457.00</u>	<input checked="" type="checkbox"/> <b>\$457.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - No
  - Yes

## Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Missouri Department of Revenue	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's Name			
	<b>PO Box 475 Jefferson City, MO 65105-0475</b>	<b>Describe the property that secures the claim:</b> <b>State Income Taxes and Vehicle Sales Tax All personal property</b>	<b>\$2,386.17</b>	<b>Unknown</b>
	Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		<b>Unknown</b>
		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Tax Lien</b>		

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 2016-2018 Last 4 digits of account number 4640

Debtor 1 **Donisha Rochelle Rangle**  
 First Name Middle Name Last Name

Case number (if known)

**18-42519**

**2.2 PRA Receivables Mgmt LLC**  
 Creditor's Name

Describe the property that secures the claim:  
**2014 GMC Terrain 98,000 miles  
 VIN: 2GKALMEK6E6375830**

**\$13,382.00**

**\$10,300.00**

**\$3,082.00**

**PO Box 41067  
 Norfolk, VA 23541**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security Interest**

Date debt was incurred **11/24/17**

Last 4 digits of account number **3201**

**2.3 Progressive Leasing**

Creditor's Name

**256 West Data Drive  
 Draper, UT 84020**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**Bed and Patio Furniture**

**\$1,199.44**

**\$300.00**

**\$899.44**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security Interest**

Date debt was incurred **2017**

Last 4 digits of account number **4657**

**2.4 Progressive Leasing**

Creditor's Name

**256 West Data Drive  
 Draper, UT 84020**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

**Futon, Bunkbed, Mattress**

**\$1,024.21**

**\$100.00**

**\$924.21**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

Date debt was incurred

Last 4 digits of account number **3916**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$17,991.82**

Debtor 1 **Donisha Rochelle Rangle**  
First Name Middle Name Last Name

Case number (if known) **18-42519**

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$17,991.82**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Bridgecrest</b> <b>7300 E Hampton Ave, Ste 101</b> <b>Mesa, AZ 85209</b>	On which line in Part 1 did you enter the creditor? <b>2.2</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Carvana</b> <b>PO Box 29002</b> <b>Phoenix, AZ 85038-9002</b>	On which line in Part 1 did you enter the creditor? <b>2.2</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Kyle Morgan, Esq</b> <b>TAXATION DIVISION</b> <b>PO Box 854</b> <b>Jefferson City, MO 65105</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b>

## Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI	
Case number (if known)	<b>18-42519</b>	

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>ATTN: Mail Stop 5334</b> <b>Advisory/Insolvency</b> <b>2850 NE Independence Ave</b> <b>Lees Summit, MO 64064</b> Number Street City State Zip Code	Last 4 digits of account number <b>4640</b>	<b>\$19,291.64</b>	<b>\$4,282.52</b>
		When was the debt incurred?	<b>2010-2018</b>	
		As of the date you file, the claim is:	Check all that apply	
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations		
		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
		<input type="checkbox"/> Other. Specify <b>Federal Income Taxes</b>		

Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-42519

2.2

**Kansas Department of Revenue**

Priority Creditor's Name

**PO Box 12005  
Topeka, KS 66612-2007**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 4640 \$10,566.00 \$323.90 \$10,242.10When was the debt incurred? 2010-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**State Income Taxes**

2.3

**Manager of Finance**

Priority Creditor's Name

**Jackson County Collection Dept  
415 East 12th Street  
Kansas City, MO 64106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 4115 \$217.22 \$217.22 \$0.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**Personal Property Taxes**

2.4

**Missouri Department of Revenue**

Priority Creditor's Name

**PO Box 475  
Jefferson City, MO 65105-0475**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number 4640 \$4,747.11 \$2,226.11 \$2,521.00When was the debt incurred? 2010-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**State Income Taxes and Vehicle Sales Tax****Part 2: List All of Your NONPRIORITY Unsecured Claims**

## 3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-42519

Total claim

\$1,086.22

4.1

**Acima Credit**

Nonpriority Creditor's Name

**9815 S Monroe St  
Sandy, UT 84070**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

0672

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charged Off Account

4.2

**American First Finance**

Nonpriority Creditor's Name

**7330 W 33rd Street North #112  
Wichita, KS 67205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

9271

\$1,157.38

When was the debt incurred?

09/23/17

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Goods & Services

4.3

**AT & T**

Nonpriority Creditor's Name

**PO Box 5014  
Carol Stream, IL 60197-5014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

1421

\$322.85

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Final Bill

Debtor 1 Donisha Rochelle Rangle

4.4	<b>Brooklyn Avenue Emerg Phys LLC</b> Nonpriority Creditor's Name <b>PO Box 98774</b> <b>Las Vegas, NV 89193-8774</b> Number Street City State Zip Code	Last 4 digits of account number <u>1065</u>	\$1,362.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>9/26/16</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
4.5	<b>Chicago Auto Acceptance</b> Nonpriority Creditor's Name <b>2121 Burlington St</b> <b>Kansas City, MO 64116</b> Number Street City State Zip Code	Last 4 digits of account number <u>4640</u>	Unknown
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Deficiency on Repossession</u>	
4.6	<b>Comcast</b> Nonpriority Creditor's Name <b>PO Box 35170</b> <b>Seattle, WA 98124-5170</b> Number Street City State Zip Code	Last 4 digits of account number <u>0633</u>	\$525.09
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Utility Services</u>	

Debtor 1 Donisha Rochelle Rangle

4.7	<b>Comenity - Boscov's</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept.</b> <b>PO Box 183043</b> <b>San Antonio, TX 78265-9622</b> Number Street City State Zip Code	Last 4 digits of account number <u>3012</u>	\$392.98
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Credit Card Purchases</u> <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>4.8 Comenity - Express</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept.</b> <b>PO Box 182125</b> <b>Columbus, OH 43218-2125</b> Number Street City State Zip Code			
Last 4 digits of account number <u>9162</u> \$369.73			
When was the debt incurred? <u>2017-2018</u>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>4.9 Comenity - Forever21</b> Nonpriority Creditor's Name <b>Bankruptcy Dept</b> <b>PO Box 183043</b> <b>Columbus, OH 43218-3043</b> Number Street City State Zip Code			
Last 4 digits of account number <u>8556</u> \$385.95			
When was the debt incurred? <u>2017-2018</u>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

Debtor 1 Donisha Rochelle Rangle4.1  
0**Comenity - Haband**

Nonpriority Creditor's Name

**Bankruptcy Dept  
PO Box 183043  
Columbus, OH 43218-3043**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

9090\$460.63

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases4.1  
1**Comenity - JCrew**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.  
PO Box 182125  
Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

2267\$375.11

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases4.1  
2**Comenity - JD Williams**

Nonpriority Creditor's Name

**Bankruptcy Dept  
PO Box 183043  
Columbus, OH 43218-3043**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

8370\$233.88

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases

Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-425194.1  
3**Comenity - NY & Co**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.****PO Box 182125****Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

6844\$463.90

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Purchases

4.1  
4**Comenity - Overstock**

Nonpriority Creditor's Name

**Bankruptcy Dept****PO Box 182120****Columbus, OH 43218-2120**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

3476\$627.00

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Purchases

4.1  
5**Comenity - Roamans**

Nonpriority Creditor's Name

**Bankruptcy Dept****PO Box 182125****Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

3476\$358.45

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Purchases

Debtor 1 Donisha Rochelle Rangle4.1  
6**Comenity - Simply Be**

Nonpriority Creditor's Name

**Bankruptcy Dept  
PO Box 183043  
Columbus, OH 43218-3043**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

2910**\$244.90**

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases4.1  
7**Comenity - Victoria's Secret**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.  
PO Box 182125  
Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

2191**\$607.57**

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases4.1  
8**Comenity - Wayfair**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.  
PO Box 182125  
Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

3298**\$630.32**

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card Purchases

Debtor 1 Donisha Rochelle Rangle4.1  
9**Comenity - Williams-Sonoma**

Nonpriority Creditor's Name

**Bankruptcy Dept  
PO Box 182125  
Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

4399\$340.98

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card Purchases4.2  
0**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 60500  
City Of Industry, CA 91716-0500**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

XXXX\$591.00

When was the debt incurred?

2015-2017

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Charged Off Account4.2  
1**East Meyer Blvd Emergy Phys LLC**

Nonpriority Creditor's Name

**PO Box 98775  
Las Vegas, NV 89193-8775**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

5537\$1,632.00

When was the debt incurred?

4/4/18

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Services

Debtor 1 Donisha Rochelle Rangle4.2  
2**Independence Power & Light**

Nonpriority Creditor's Name

**21500 E Truman Rd  
Independence, MO 64056**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**0009****\$234.30**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utility Services**4.2  
3**KCP&L**

Nonpriority Creditor's Name

**PO Box 219330  
Kansas City, MO 64121-9330**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4462****\$1,317.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utility Services**4.2  
4**KCP&L**

Nonpriority Creditor's Name

**PO Box 219330  
Kansas City, MO 64121-9330**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**1825****\$898.89**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utility Services**

Debtor 1 **Donisha Rochelle Rangle**4.2  
5**Lawrence Memorial Hospital**

Nonpriority Creditor's Name

**PO Box 802798  
Kansas City, MO 64180-2798**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **4640****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Services**

4.2  
6**Masseys**

Nonpriority Creditor's Name

**PO Box 2822  
Monroe, WI 53566-8022**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **68A2****\$213.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Goods & Services**

4.2  
7**Midwest Radiology**

Nonpriority Creditor's Name

**PO Box 802813  
Kansas City, MO 64180**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **7591****\$317.00**When was the debt incurred? **9/26/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Services**

Debtor 1 Donisha Rochelle Rangle4.2  
8**Missouri Gas Energy**

Nonpriority Creditor's Name

**PO BOX 2  
Saint Louis, MO 63171-0002**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 1111\$222.28

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Utility Services4.2  
9**Rayview Dental**

Nonpriority Creditor's Name

**10016 E 67th ST  
Kansas City, MO 64134**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 4640\$990.00When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Dental Services4.3  
0**Research Medical Center**

Nonpriority Creditor's Name

**PO Box 13620  
Richmond, VA 23225**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 3553\$3,007.00When was the debt incurred? 4/4/18

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical Services

Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-425194.3  
1**Ronald Stanley**

Nonpriority Creditor's Name

**KIK MANGEMENT COMPANY**  
**PO Box 140432**  
**Kansas City, MO 64114**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 4640**Unknown**When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Rent

4.3  
2**Spectrum**

Nonpriority Creditor's Name

**4145 S Falkenburg Rd**  
**Riverview, FL 33578-8652**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0001**\$450.67**When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Utility Services

4.3  
3**State Financial LC**

Nonpriority Creditor's Name

**C/O James McNeil Esq**  
**14701 E 42nd ST**  
**Independence, MO 64055**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 2586**\$4,941.30**When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Judgment

Debtor 1 Donisha Rochelle Rangle4.3  
4**Tempoe LLC**

Nonpriority Creditor's Name

**1750 Elm ST Ste 1200****Manchester, NH 03104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4640****\$639.31**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Goods & Services**

4.3  
5**True Accord**

Nonpriority Creditor's Name

**16011 College BLVD Ste 130****Lenexa, KS 66219**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4640****\$412.63**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Goods & Services**

4.3  
6**Webbank/Fingerhut**

Nonpriority Creditor's Name

**6250 Ridgewood Road****Saint Cloud, MN 56303**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**XXXX****\$1,184.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Charged Off Account**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Donisha Rochelle Rangle

**HCA Midwest Health**  
**PO Box 13620**  
**Richmond, VA 23225-8620**

Line 4.30 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**J Russell Ford Esq**  
**922 Oak ST**  
**Kansas City, MO 64106**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Linebarger Goggan Blair & Sampson**  
**PO Box 359**  
**Topeka, KS 66601-0359**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LVNV Funding LLC**  
**PO Box 10587**  
**Greenville, SC 29603-0587**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Metcalf Auto Plaza**  
**7733 Metcalf Ave**  
**Overland Park, KS 66204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**NPAS, Inc.**  
**PO Box 99400**  
**Louisville, KY 40269**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Peritus Portfolio Services**  
**PO Box 141419**  
**Irving, TX 75014-1419**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Research Medical Center**  
**PO Box 740760**  
**Cincinnati, OH 45274-0760**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Simm Associates Inc**  
**800 Pencader Drive**  
**Newark, DE 19702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**6547**

Name and Address  
**Spire**  
**PO Drawer 2**  
**Saint Louis, MO 63171**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Time Warner Cable**  
**PO Box 1104**  
**Carol Stream, IL 60132-1104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Transworld Systems Inc.**  
**500 Virginia Dr, Ste 514**  
**Fort Washington, PA 19034**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-42519

Last 4 digits of account number

**7439**

## Name and Address

**True Accord**  
**303 2nd St, Ste 750 South**  
**San Francisco, CA 94107**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**US Attorney**  
**Room 5510, U.S. Courthouse**  
**400 East 9th Street**  
**Kansas City, MO 64106-2605**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim
	6a. Domestic support obligations      6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government      6b. \$ <b>34,821.97</b>
	6c. Claims for death or personal injury while you were intoxicated      6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.      6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.      6e. \$ <b>34,821.97</b>
Total claims from Part 2	Total Claim
	6f. Student loans      6f. \$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims      6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts      6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.      6i. \$ <b>26,995.82</b>
	6j. Total Nonpriority. Add lines 6f through 6i.      6j. \$ <b>26,995.82</b>

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 MM Property Mgmt 720 Minnesota Ave Kansas City, KS 66101	Residential Lease - \$650 per month; Month-to-Month Tenancy

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MISSOURI</u>
Case number (if known)	<b>18-42519</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106l

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Pharmacy Tech</b>	
Employer's name	<b>United Healthcare Services/Optum Rx</b>	
Employer's address	<b>Attn: Operations MN008-B213 PO Box 1459 Minneapolis, MN 55440-1459</b>	

How long employed there? May, 2017 to Current

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>3,205.00</b>	\$ <b>N/A</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>242.00</b>	+\$ <b>N/A</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>3,447.00</b>	\$ <b>N/A</b>

Debtor 1 **Donisha Rochelle Rangle**

Case number (*if known*)

18-42519

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here</b>	4. \$ <b>3,447.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>329.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>197.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <u>Life Insurance-Child</u>	5h.+ \$ <b>1.00</b>	+ \$ <b>N/A</b>
<u>Critical Illness</u>	\$ <b>4.00</b>	\$ <b>N/A</b>
<u>Cafeteria</u>	\$ <b>80.00</b>	\$ <b>N/A</b>
<u>Legal Plan</u>	\$ <b>15.00</b>	\$ <b>N/A</b>
<u>PTO Purchase</u>	\$ <b>55.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 681.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 2,766.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ <b>457.00</b>	\$ <b>N/A</b>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 457.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 3,223.00</b>	+ \$ <b>N/A</b> = \$ <b>3,223.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>3,223.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>WESTERN DISTRICT OF MISSOURI</b>
Case number (If known)	<b>18-42519</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**Son**

**8**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**Daughter**

**27**

**Boyfriend (Disabled)**

**47**

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I).

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **650.00**

##### If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 Donisha Rochelle Rangle

Case number (if known) 18-42519

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>98.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>400.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>475.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>50.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>100.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>25.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>201.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property Taxes</b>	16. \$ <u>50.00</u>	
17. <b>Installment or lease payments:</b>	17a. Car payments for Vehicle 1 \$ <u>424.00</u>	
	17b. Car payments for Vehicle 2 \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>3,223.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,223.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,223.00</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,223.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,223.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>0.00</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Donisha Rochelle Rangle

Donisha Rochelle Rangle

Signature of Debtor 1

Date February 25, 2020

X

\_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)	<u>18-42519</u>		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

17888 Buckingham Court  
Independence, MO 64057

Dates Debtor 1  
lived there

From-To:  
August, 2012 to  
March, 2017

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.	\$6,238.29	Sources of income Check all that apply.	

For the calendar year:  
(January 1 to December 31, 2020 )

- |   |            |  |
|---|------------|--|
| <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips | \$6,238.29 | <input type="checkbox"/> Wages, commissions, bonuses, tips |
| <input type="checkbox"/> Operating a business                         |            | <input type="checkbox"/> Operating a business              |

Debtor 1 Donisha Rochelle RangleCase number (if known) 18-42519

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For the calendar year: (January 1 to December 31, 2019 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$38,653.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$34,648.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>For the calendar year: (January 1 to December 31, 2020 )</b>	<b>Child Support</b>	<b>\$914.00</b>		
<b>For the calendar year: (January 1 to December 31, 2019 )</b>	<b>Child Support</b>	<b>\$5,484.00</b>		
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Child Support</b>	<b>\$5,484.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 Donisha Rochelle Rangle

Case number (if known)

18-42519

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
MM Property Mgmt 720 Minnesota Ave Kansas City, KS 66101	Regular Monthly Payments of \$650.00	\$1,950.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rent</u>
Bridgecrest 7300 E Hampton Ave, Ste 101 Mesa, AZ 85209	Regular Monthly Payments of \$424.00	\$1,272.00	Unknown	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Rent A Center 305 Vivion Road Kansas City, MO 64118	Bi-weekly Payments of \$105.00	\$735.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Furniture Lease</u>

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

## 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

## 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Jefferson Capital Systems, LLC vs. Donisha Rangle 1716-CV30630	Collection	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case title Case number	Nature of the case	Court or agency	Status of the case
Donisha Rangle vs. Richard Rangle 1816-FC02106	Dissolution of Marriage	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  Judgment
Department of Revenue - Collection Enforcement vs. Donisha Rangle 1816-MC09144	Collection - Tax Lien	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  Judgment
LVNV Funding , LLC vs. Donisha Rangle 1816-CV00960	Collection	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Metcalf Auto Plaza 7733 Metcalf Ave Overland Park, KS 66204	2010 Saturn Vue	November, 2017	Unknown
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Person Who Received Transfer Address  Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Carvana LLC PO Box 29002 Phoenix, AZ 85038  None.	2008 Buick LaCrosse - \$1209.00	Debtor received net trade-in allowance of \$1209.00 on 2008 Buick LaCrosse and applied to purchase of current vehicle, 2014 GMC Terrain.	November, 2017

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

#### **Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Commerce Bank 1000 Walnut Kansas City, MO 64167-1056	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	June, 2018	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

#### **Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
---	---	--

Debtor 1 Donisha Rochelle Rangle

Case number (if known) 18-42519

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Donisha Rochelle Rangle

Donisha Rochelle Rangle

Signature of Debtor 1

Signature of Debtor 2

Date February 25, 2020

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)	<b>18-42519</b>		

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **PRA Receivables Mgmt LLC**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

No

Yes

Description of property securing debt: **2014 GMC Terrain 98,000 miles  
VIN: 2GKALMEK6E6375830**

Creditor's name: **Progressive Leasing**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

No

Yes

Description of property securing debt: **Bed and Patio Furniture**

Creditor's name: **Progressive Leasing**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

No

Yes

Description of property securing debt: **Futon, Bunkbed, Mattress**

Debtor 1 **Donisha Rochelle Rangle**

Case number (*if known*) 18-42519

securing debt: \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: <b>MM Property Mgmt</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Description of leased Property: **Residential Lease - \$650 per month; Month-to-Month Tenancy**

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

**/s/ Donisha Rochelle Rangle**  
**Donisha Rochelle Rangle**  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date **February 25, 2020**

Date

Fill in this information to identify your case:

Debtor 1	<b>Donisha Rochelle Rangle</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Western District of Missouri
Case number (if known)	<b>18-42519</b>

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 2,767.00	\$ _____
\$ 0.00	\$ _____
\$ 0.00	\$ _____

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Debtor 1	
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00 Copy here -> \$ 0.00

6. Net income from rental and other real property

Debtor 1	
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00 Copy here -> \$ 0.00

7. Interest, dividends, and royalties

Debtor 1

**Donisha Rochelle Rangle**

Case number (if known)

**18-42519**

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
For your spouse ..... \$ \_\_\_\_\_

**Column A  
Debtor 1**

**Column B  
Debtor 2 or  
non-filing spouse**

\$ **0.00**

\$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ \_\_\_\_\_

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Child Support ..... \$ **457.00** \$ \_\_\_\_\_  
\$ **0.00** \$ \_\_\_\_\_  
+ \$ **0.00** \$ \_\_\_\_\_

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **3,224.00** + \$ \_\_\_\_\_ = \$ **3,224.00**

Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>**

\$ **3,224.00**

Multiply by 12 (the number of months in a year)

**x 12**

12b. The result is your annual income for this part of the form

12b. \$ **38,688.00**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**MO**

Fill in the number of people in your household.

**2**

Fill in the median family income for your state and size of household.

13. \$ **58,796.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

- 14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Donisha Rochelle Rangle**

**Donisha Rochelle Rangle**

Signature of Debtor 1

Date **February 25, 2020**

Debtor 1

**Donisha Rochelle Rangle**

Case number (if known)

**18-42519**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.